

PRESCRIPTION FOR CHANGE:

Community Response to Substance Use



I wanted to write this zine to start a dialogue, a conversation about something that we talk about all the time, without really talking about it.

I've found it surprising that radicals' attitude towards substance use in our community is frighteningly similar to that of the rest of the world. There is a similar double standard: if you use the same chemicals as the rest of the community, about the same amount, you're okay; otherwise you are morally deficient. The only way we talk about substance use is to shit-talk each other. I want us to have real conversations about our concerns, ones that result in real answers: open, honest and nonjudgmental communication instead of hushed whispers and worse, total silence.



Even if abuse and addiction don't ever come up in your community (ahem) there will still be others - in our extended community and world at large - that need more help from us than, "well, stop it." Not to mention that for those of us interested in prison work, there is no better place to start than the "drug war." The ridiculously expensive (\$4.5 billion has already been spent on it this year) and ineffective (notice how drugs are still everywhere?) drug war causes a person to be arrested every 20 seconds. Prisoners sentenced for drug convictions constitute the largest group of federal inmates. Nearly half a million people more than all of western Europe - are behind bars on drugs charges, incarcerated at racially disproportionate rates.



basic premise of hierarchy is that there is someone out there that knows what's good for you better than you do. It is important for us to remember that no one knows what a person needs more than **that person**.

But we, as a community, can help. We can start by respecting people's individual chemistries while also critically examining the system that perpetuates addiction. We can stop correlating drug use and morality. We can start refusing to accept addiction or intoxication as an excuse for exploitation and abuse. We can stop referring people to ineffective and possibly harmful treatment just because we don't know any better. We can talk to people instead of about them and be there for those that need it. Although the last thing I want to suggest is more meetings, I think a group of concerned and caring members of a community could provide much better "treatment" than other standard ways of dealing.

And we can work together to create the kind of world that makes addiction both unnecessary and undesirable.



(IN MEMORY)



Not only do we consider serious problems with substances as being a moral problem instead of a issue of health (physical and mental), we also have little to offer in terms of solutions - in fact, the prevailing opinion seems to be similar to our country's slogan - "JUST SAY NO."

Who the fuck are we, Nancy Reagan?

It's time for us to get a better understanding of substance use and abuse. We need to learn about what addiction is, what's actually happening in the brain. We need to learn about the ubiquitous twelve-step program instead of blindly following its theories or assuming it's the only answer. Once we have this knowledge, we need to apply it to how we relate to each other when it comes to substances. We need to focus on strategies for reducing harm, now that we have acknowledged that "x up or shut up" is not the solution for everyone. We need to be personally accountable for our own actions, substance-related or not. We need real answers in order to help ourselves and our community.

This zine is made up of stories from my personal experience, random quotes from random people, information from books I liked, and my own opinions and theories. There are also song titles sprinkled throughout as the zine soundtrack. I couldn't have written it without help from my friends, especially Angie, Beka, Chris, Chelsea, Jordan, Vanessa, Jimmy, and James. Special thanks to editor extraordinaire Kalila and to Ben for his amazing artwork!



There's no point in starting a dialogue without continuing it. I'm really interested in hearing everyone's ideas, stories, disagreements, etc. Please please email me at katastrophe@kittymail.com.

This isn't enabling, it's treating a person like (gasp!) a person. That means they make their own choices and are accountable for their actions, like anyone else. Which is where negotiating comes in. This is the part of the conversation where you discuss what you are and are not willing to do. In terms of assisting, if the person wants it, you can offer/negotiate simple but important agreements. You can start by responding to someone wanting to stop drinking with questions. Like, "If I see you drink, would you like me to ask you about it? Move you away from scumfucks? Knock it out of your hands? Make sure you get home safe? Bring the firestorm? Ignore it?" There's nothing better than offering options of practical things you can do to help **if and only if** you are willing to do those things. That means that this is also where you negotiate what YOU need - so if there's certain things that will make you feel hurt or angry, this is the time to make that clear. Hopefully you will be able to negotiate a way to keep both people safe while still allowing for personal autonomy.

~~XXXXXXXXXXXX~~
But: if the person sees no problem, wants to make no change, and makes that clear? Seems different, but it's the same thing. Negotiate what you can and can't do for them as well as what you can and can't accept for yourself. Remember that people are comfortable with various levels of risk. Educate yourself. Separate the facts from the fears, especially societal fears. Educate your friend if you find out anything interesting. If you truly feel like your friend is slowly killing themselves, tell them that. Treat it no differently than a person who's depressed and thinking about suicide. Be there for them as much as you can while being there for yourself. Especially be there for yourself, because ultimately that's all we can do.

~~XXXXXXXXXXXX~~
Remember that the strongest answer to addiction is the community. Social groups help more people get clean than any treatment program. Yet we have to be careful not to make the mistakes of the system we live in. A

I'LL AROUND SIX YEARS OLD. MY PARENTS ARE ALWAY

SOMEWHERE AGUSTO AND MY OTHER OLDER SISTER IS HAVING A PARTY. SHE IS TOTALLY DRUNK, LAUGHING AND ROLLING AROUND. I TRY TO WATER OFF FOR HER WHILE SALLY SMILING AT THE GUY WHO TRY TO GET ME TO TALK. THEN MY SISTER TAKES ME INTO THE KITCHEN AND GIVES ME SOME THING THAT TASTES LIKE WHAT I IMAGINED GRAPES SODA WOULD TASTE LIKE. SODA WAS TOTALLY NOT ALLOWED IN THE HOUSE SO I WAS ESTABLISH TO BE ABLE TO HAVE SOME - AND I GAVE DOWN A LARGE CUP. SOON I FEEL BURRY AND QUEASLY AND LOOSE AND I START TO WEELEP AND EYE ROUNE FINDS IT VERY EMBLY. I SUDDELY BECOME EXTREMELY EMBRYATING THE LITE OF A PARTY THAT I DIDN'T BELONG AT. MY SISTER COUNTERS TO GET ME DRUNK AT EVERY PARTY SHE HAS FOR THE WERT COLLEGE OF YEARS UNTIL SHE GOES TO COLLEGE. I WAS IN 3RD GRADE THEN AND REALIZED THAT MY MOM WAS ALWAYS DRUNK. HERSELF, THOUGH SHE TRIED TO HIDE IT. HER ANGER AND ABUSE LED ME TO TAKE COUNSELION THAT DRINKING WAS BAD. I DIDN'T DRINK AGUSTO UNTIL I WAS 18. AFTER EXPERIMENTING WITH POT, ACID, MARIJUANA, AND HEROIN.



I DIDN'T GO ON USING DRUGS, ETCETERA, BUT WHEN I WAS SENT TO BOARDING SCHOOL A FEW STATES AWAY I COULD MYSELF EXTRODINARILY WISDOMFUL FOR SEVERAL REASONS I WOULDING NOT DRINKING AND EATING FROM WHEN LESS WEALTHY THAN MOST OF THE OTHERS THERE. SO WHEN THE OPPORTUNITY AROSE I BEGAN SELLING DRUGS TO MY CLASSMATES - MOSTLY ACID - WHIPPING IT

I've come to realize that most people don't talk to friends with substance use issues out of fear - fear of pissing the person off, and of not knowing what to say, and general fear of things that are hard to talk about, like suicide and self-harm. It's hard. **Do it anyway.**

The first part is always just about finding out how the person is feeling about their use. Ask non leading questions and don't argue with the answers, even if it seems weird that they're happy or that they don't think it's a problem. Offer a non-judgmental observation or two (no more), such as "you don't seem to be enjoying it as much as needing to do it," or, "it seems like it makes you fight (or fuck or isolate or stare into space) a lot more than you would normally." Make it low key and directed at behaviors, not the person's worth.

So let's say the person has told you that they want to make some kind of change, and says something like, "I want to cut down on drinking." This seems to make friends feel like they then need to stop said person from having a drink later and/or get pissed at them if they do decide to drink. Your job as a friend = offering listening and practical assistance. It is not to keep a fed-like surveillance. The absolute last thing you want to do is to make the person feel like you are monitoring their behavior or that you have or want any control over their usage. It works a lot better to appreciation as people make and maintain changes, and to be casual about any slips. Acknowledge a person's new status (hello, identity politics?) as a moderate user giving them free rein and respecting their ability to make their own choices.

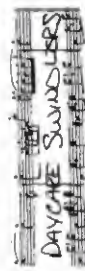
Any situation in which some men (sic) prevent others from engaging in the process of inquiry is one of violence; to alienate humans from their own decision making is to change them into objects.

-Paulo Freire, "Pedagogy of the Oppressed"

Not to say that it's easy getting through to people with substance issues. It's not. But there's some common sense things we can do to not make it worse.

WHAT NOT TO DO

1. Talk about it with everyone but the person with the problem. This seems to be the main way we handle these things, discussing the person in hopes that this will magically make them better. You can't help a person if you don't genuinely care about their well being and are not just curious or nosy. You have to want things to be better for the person, not just yourself.
2. Avoid and isolate the person having issues, the other common response. I can't stress this enough - there is nothing worse you could do for them. Isolating someone with a substance abuse issue simply guarantees that they will have to lean even harder on that substance to meet all their needs. It sets in motion a cycle of shame that will continue to escalate the use until there really isn't any turning back.



"What are you doing here?"

"I am drinking," answered the drunkard lugubriously.

"Why are you drinking?" the little prince asked.

"In order to forget," replied the drunkard.

"To forget what?" enquired the little prince, who was already feeling sorry for him.

"To forget that I am ashamed," the drunkard confessed, hanging his head.

"Ashamed of what?" asked the little prince who wanted to help him.

"Ashamed of drinking!" concluded the drunkard, withdrawing into total silence.

-The Little Prince

WOULD WIN ME BOTH FRIENDS AND MONEY. I DIDN'T USE DRUGS MYSELF SO WHEN PEOPLE KEPT ASKING ME ABOUT THE QUALITIES OF CERTAIN BATTERIES I WOULD HAVE NO IDEA, UNTIL I STARTED TO THINK IT WOULD BE WISE TO KNOW MY PRODUCT MORE INTIMATELY.

A COUSIN MATE USED, I RESEARCHED ALL DRUGS BEFORE TAKING ANY. UNFORTUNATELY LEARNING ABOUT THE EFFECTS OF DRUGS MADE ME WANT TO EXPERIMENT WITH THE ACTIONS OF CHEMICALS ON MY OWN BRAIN, AND I SPENT MANY A NIGHT DOCUMENTING EXACTLY WHAT EFFECTS I WAS EXPERIENCING AND HOW THAT WENT ALONG WITH WHAT I KNEW ABOUT THE NEUROLOGICAL ACTION. THESE ALSO GOT ME INTERESTED IN SEIZURES IN GENERAL, AND MY EXPERIMENTS WITH ACID GAVE ME AN INTEREST IN PHYSICS THAT CONTINUES TO THIS DAY. THE RESEARCH I DID TAUGHT ME TO STAY AWAY FROM SOME DRUGS THAT HAD A TERRIBLE EUPHORIA / BAD TRIP RATIO, LIKE PCP, AND THE IMPORTANCE OF MODERATION IN OTHERS; THINGS LIKE POT AND ACID HAVE VERY UNUSUAL EFFECTS WHEN OCCASIONAL BUT BUILD UP IN YOUR BRAIN, WHEREAS MOST CHEMICALS DO DAMAGE AND TAKE LEAVE THE BODY COMPLETELY. I WAS SURPRISED TO FIND OUT THAT HEROIN IS TERRIBLY MISUSED ENDORPHINS WHEN MADE IT NOT SEEN AS BAD AS I HAD HEARD IT WAS. OBVIOUSLY IT COULD BE OUT WITH TERRIBLE ADDICTIVES, BUT PURE HEROIN ONLY DID ONE BAD THING TO YOUR BRAIN - MAKE YOU WANT MORE. HAVING EXPERIMENTED AT THAT POINT WITH THE VERY DRUG REMOTELY AVAILABLE IN NORTH AMERICA INCLUDING CIGARETTES AND NOT DEVELOPING ANY HABITS LED ME TO THE CONCLUSION THAT I DIDN'T HAVE AN ADDICTIVE PERSONALITY* AND THUS I WASN'T AT ALL CONCERNED...

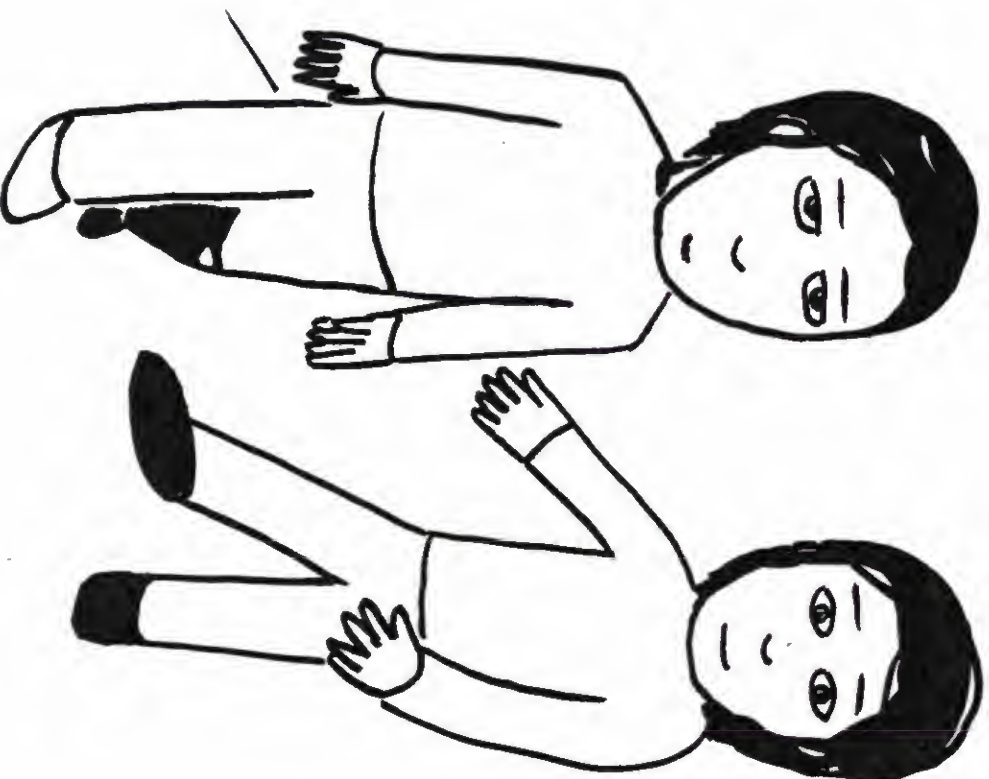
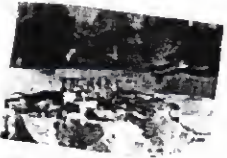
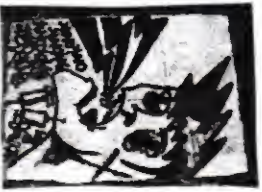
WHAT IS ADDICTION ANYWAY?

An activity is addictive if one's relationship to it lies on that downward-sloping continuum between liking it a little too much and really needing it... something is malignantly addictive if 1) it causes real problems for the addict, and 2) it offers itself as a relief from the very problems it causes.

Beer - the cause of and solution to all of life's problems.

-Homer Simpson

We all have ways of coping with life, generally learned in childhood. Even the same general coping mechanism - say, escape - can take varying forms. One can escape with drinking, drugs, t.v., avoiding people, staying busy, constantly working on projects, not letting anyone get close, etc. We have coping behaviors because we have been through some shit, and those strategies have probably helped us out a lot at one time. The problem becomes when those strategies are no longer working, when they actually become their own problem for us and the people around us to deal with.



RECENTLY A STORM CAME THROUGH TOWN AND TOOK DOWN PART OF THE FENCE IS MY FRIEND'S BACKYARD. I HAD TO WONDER WHAT HIS ROOMMATE'S DOG WAS THINKING TO SEE THIS FENCED YARD - FORMERLY HER ENTIRE WORLD - SUDDENLY OPEN TO WORLDS BEYOND. FOR A LONG TIME DRUGS WERE MY WORLD; EVEN WHEN I WASN'T USING THEM, I COULDN'T SEE BEYOND THE "ADDICTION" LABEL OR FEEL OF RELAPSE. I WAS SCARED TO FACE THE WORLD WITHOUT A CHEMICAL CRUTCH. AND RECENTLY I'VE SEEN THE FENCE COME DOWN, AND IT'S A BIG WORLD OUT THERE. IT'S ALL ABOUT US - EXPERIENCES, AND HAVING EXPERIENCED THAT PARTICULAR FEELING FULLY I'M READY TO MOVE ON.



I really honestly would not be here if it weren't for my friends. So many offered practical assistance with no strings attached. Friends congratulated me when I was doing well, kindly pointed out when I seemed to be in trouble, and basically saved my life over and over until I was finally able to save it myself. This is one reason I wanted to write this zine - not just for those caught in a cycle of abuse and addiction but for all of us who have the chance to save our friends, communities and world.

I think my experience has made me a good person to talk to about substance use issues, yet some of the friends that have helped me most were straight-edge without any experience with any drug, let alone heroin. It's understanding, not experience, that really gets through to people.

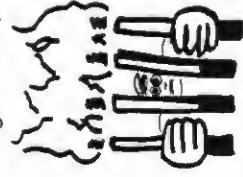
ADDICTION

*Organizes, structures, and fills time - without the activity, your day is formless and barren

Waking up means drinking coffee. Your day is planned around checking the internet. Taking a break means smoking a cigarette.

*Provides regular rewards: the activity is the main reward you have in your day

A cigarette for showing up to work, a shot for getting shit done, a cookie for making it through the day...



*Makes you feel accepted, worthwhile - your sense of self depends on the activity or habit

You're a fun person when you've been drinking, you're never seen without your coffee, you'd feel lost without knowing what's going on online, you wouldn't know who you were if you didn't work all the time...

*Erases negative moods like anxiety, depression, or boredom - makes you forget, gets you through the night, creates a soothing oblivion

Yell (or argue or fight) and you're no longer stressed, eat and you're not longer sad, drink and you're no longer bored...

*Seems better in the anticipation than in actuality - you consistently believe you will feel better as a result of the activity than you actually do

You thought drinking would make you happier, but now you're just drunk and sad... you thought arguing would make you feel in control but now you feel bad...

*Extracts, as a cost of the rewards it provides, penalties that make the person even more dependent on the rewards
Anything you lose because of your addiction makes you that much more dependent on it to meet all of your needs...

I purposely chose some tame examples because the point is that addiction isn't a static state of being – it's a general area on a continuum of behaviors that is more or less helpful in your life.

We all have habits. When they become something that we use to avoid or control our feelings, they become compulsions. And when they escalate – when you need more and more of a behavior or feeling to get the same effect – it becomes addiction. So if it's something so common that almost all of us deal with, is it really that bad? The problem is that slowly addiction takes over parts of your life – at the expense of your time, growth, and relationships – so that life becomes only experiences of coping mechanisms and things that allow you to be involved with them. In other words, **your world becomes a cage.**



My personal theory is that addiction is a form of a little thing mental health "experts" like to call OCD – obsessive compulsive disorder. It consists of behaviors, referred to as "soothing behaviors" that help people feel control in a world where we have so little. The most well known example is washing hands constantly to deal with a germ phobia. But any behavior can become ritualized and obsessed about. And it's not an uncommon urge, either – I happen to think that the urge to have a ritualized behavior to feel more control over life is the basis for most religion.

I always knew that the ritual of using was the most compelling part of my addiction, and the obsession with it lasted years beyond actual use – in fact, ending only recently when I was finally able to break the connections in my head between certain triggers, feelings, and behaviors... but more on that later.

in a movie – all would trigger me into a terrible mood where for days I would be obsessed, convinced I had only two choices of either using or killing myself. I would have dreams of using and would wake up sweaty and shaking and convinced that I wasn't going to make it.

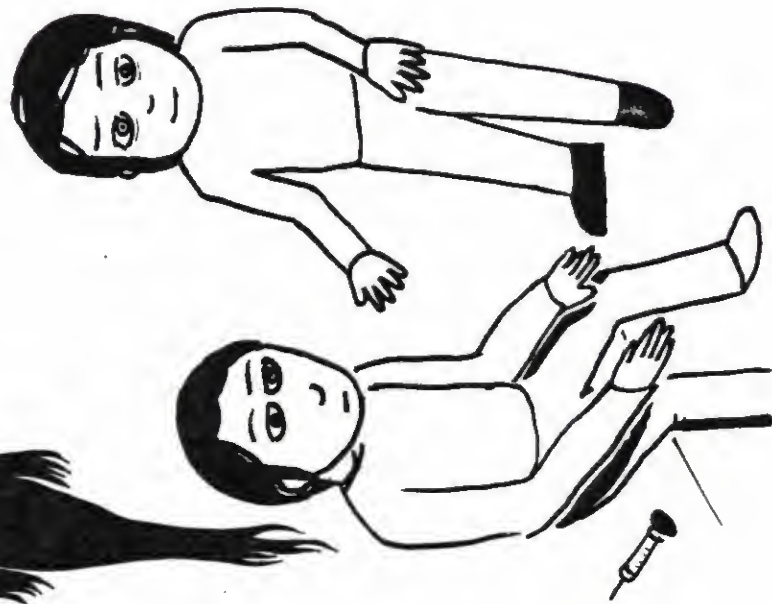
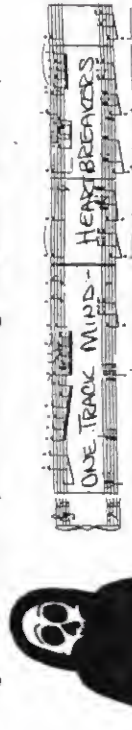
You have to give up what once felt like survival and retrain the brain to believe survival comes from new behavior that often feels uncomfortable or boring... it takes a while to retrain the pleasure messages sent to the brain.

-Charlotte D. Kasl



Then I got a job as a phlebotomist, putting my experience and skill with finding veins to good use. I have to admit a part of me was convinced I would eventually relapse and end up cleaning the hospital out of all its works – but something strange happened. The smell of alcohol wipes became so common I barely recognized it anymore, and seeing a needle now bores me to tears. Working with these tools that used to be naughty and secret and so closely connected to the feeling of being high broke that connection in my brain. Working on this zine I've come across so many pictures of people using, heard so many stories, even talked with people I used to use with that still shoot up – and the thought of using myself hasn't crossed my mind. That ritual that held such a hold in my mind suddenly meant nothing to me. I never thought I could get to this place but I am so glad to finally be here.

What helped me most, though, in terms of actually getting over my addiction? Well, I have to say that even though it's been three years since I've been actively addicted I've been obsessed with using up until 6 months ago. Although I was clean, I was "white-knuckling" it - that is, relying purely on willpower. Instead of working on getting to a place where I didn't want to use. Seeing a needle or a spoon in an abandoned building, smelling an alcohol pad, watching someone shoot up



Social services tend to talk about mental health and substance use issues in the same breath, and I think that's for good reason - there's a lot of similarities. In fact, I would say the main difference is that addicts "self-medicate" instead of getting their shit from expert drug dealing mental health experts.



I'm surprised, then, that the radical community hasn't picked up on this. First of all, while mental health "treatment" is being justifiably questioned, the same isn't necessarily true for substance abuse treatment besides methadone. And while I don't think I would hear someone use the term "bipolar" as an insult, I constantly hear people referred to derogatively as stoners, crack heads, or junkies. I can hear the outcry now, "but these people are choosing to do this negative thing." Which of course shows how much education we really need, cause what it really all comes down to is chemistry.



You might be confused by the association of addiction to not just drugs and alcohol, nor even to just substances, but to behaviors as well. What people fail to realize is that drugs and alcohol are chemicals, and the reason they affect our brains is only because our brains are wired to respond to similar chemicals – neurotransmitters – that already exist internally.

Opiates like heroin, for example, wouldn't affect our brain if we didn't have naturally occurring chemicals that were similar. We do – they're called endorphins, and our brain literally cannot distinguish "naturally occurring" endorphins from morphine, which is what heroin breaks down into. Endorphin actually literally means endogenic (produced by the body) morphine, because morphine was invented before scientists discovered the existence of endorphins. So obviously, if you accept that heroin is a drug, you have to understand that endorphins are also.

Chemicals in



the Brizz-ain

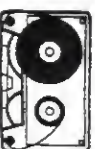
Now let's look at the idea "naturally occurring." Just because you're not shooting up, because the good feeling you have is one created by your body, doesn't necessarily mean that you can only have a natural and healthy attachment to them. There are things that naturally cause endorphin rushes: food (both eating and starving yourself causes endorphin release), exercise, sex, fighting, taking risks (such as gambling), and being in love, which just happen to be some of the categories of twelve step groups. Then there's the category of pain – which causes a sharp release of endorphins and could be a reason why some people get addicted to piercing, tattoos, and cutting.

SCIENCE?!

This is not the boring science said with a booming voice and which saves your life. I learned of the importance of science in groups at the methadone clinic. There was a counselor who was known for teaching exactly what was going on in our brains, and I learned everything I could from her. That's when I first heard of the opiate receptor and endorphins, and soon I came up with a theory that I was naturally low on endorphins, which is why I responded so much to heroin and not as much to crack, meth, cocaine, or nicotine. Five years later I came across a book that had this table, which explained a great deal to me:

Low Blood Sugar	Low Level of Serotonin	Low Level of Beta-endorphin
Tired all the time	Depressed	Having low pain tolerance
Tired for no reason	Impulsive	Feeling, reacting
Headaches, can't keep job	Having a short attention span	Having low self-esteem
Confused	Medical symptoms	Overwhelmed by other's pain
Having trouble concentrating	Flying off the handle	Feeling isolated
Having trouble concentrating	Social	Depressed, hopeless
Easy frustrated	Reaction	Feeling "down in" by others
Have trouble sleep and	Craving sweets	Craving sugar
Getting angry unexpectedly	Craving really carbohydrates like bread, pasta and cereal	Emotionally overwhelmed

Knowing the biological and chemical basis of my addiction helped immeasurably. Just learning about it helped minimize my addiction to sugar and knowing the symptoms of depression and their relation to both addictions helped more than antidepressants, which I've tried several times, most recently last summer. I quit because of side effects and because I don't ever want to have to rely on a daily dose of something again. I definitely think medication is fine for other people if it works for them, but I found what works best for me: other ways of raising serotonin and endorphins, like walks in the sun, backrubs from friends, stretching, and challenging myself with new experiences and projects.



I have to admit - the only counselor I've really liked was at a methadone clinic. I have been told so many times how bad methadone is, usually by people that haven't been on it - or heroin. I myself have mixed feelings about methadone because it has saved my life once and ruined it once. Basically its function is to replace heroin. There are still all the problems of heroin addiction except for two: 1) it is legal, and 2) you only need to take it once a day. Basically, it frees up your time so that you can put together a life that is worth getting clean for. The problem is that it is extremely hard to get off - since it lasts so long in your system (24-48 hours, compared to 1-4 hours with heroin) it's even harder to kick. When I first went on methadone I had to use every two hours in order to not be violently ill, and every second of those two hours was spent trying to procure H. Methadone was thus a lifesaver.



The second time, though, was after a 2-week relapse. Even though I was using a lot, it did not have the same hold. I went on methadone in order to keep the job I had at the time and it ended up being a terrible decision that only lengthened my active addiction.



There are other neurotransmitters too, that mimic cocaine, meth and nicotine or are released by their use. Dopamine is one that results from both cocaine use and power, so people who power-trip, who seem to get off on winning arguments or putting others down, are responding to the same impulses that causes a person to take cocaine.

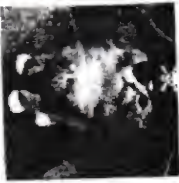
I get frustrated when people assume that because I've always been straight-edge, I don't understand addiction. But I used to have a habit of cutting that got so bad I couldn't get through a day at school without having to cut myself. It was just as much of an addiction as any.
-Vanessa



But we don't question power trippers or "rage-aholics" nor ascribe the same moral failing that we do to a person who takes substances which causes these chemical reactions. There's a huge difference in our reaction to a person who is addicted to a chemical reaction caused by their actions and to a person addicted to a chemical reaction caused by substances. This difference isn't based on anything but ignorance.

Not that the brain reacts in the exact same way to internal and external chemicals - the brain can regulate how much of a chemical is released internally but not how much is put in by us. The large amount of chemicals that flood our brain when consuming a substance causes more changes in the brain, so while we build tolerance to both internal and external chemicals, substance use causes tolerance to escalate at a higher rate and withdrawal to be much more serious of a problem.

The point is, we need to understand that chemical reactions and our attachment to them is not the problem of an isolated group of immoral individuals. It is something that we can all understand, once we release the false divisions (created by our society) of addict and "normal" person.



PERSONAL ACCOUNTABILITY

One cause of the division is that we DON'T divide between actions and addiction. Abuse is abuse whether it involves chemicals or not. For one thing, as discussed earlier, chemicals are always involved... whether these come from outside the body or not. But it's disturbing to me how many actions get chalked up to chemicals and thus completely take away from the accountability of the person. This is a sticky subject because distinguishing between personal fault and chemical fault is difficult. It's no secret that most sexual assaults happen with the help of substances on the part of the perpetrator, victim, or both. Substances make it easier for a person to misread signals, as well as to overpower someone else. When looking at these situations it is simply not helpful to chalk it all up to a problem with drugs or alcohol.


For myself, well, there's been several things that worked, some that helped a little, and some that made it worse. What didn't help - 12 steps, as one may have guessed. I resented the religious overtones, thought that the camaraderie between members felt forced and fake, and especially hated how much questions were discouraged.

I've also been to two treatment programs - one inpatient and one outpatient, which means in one I stayed in a building and the other I just visited daily. Both programs were - like the vast majority of treatment programs - based on the 12 steps and so were not very effective for me. Inpatient was really frustrating because they didn't allow any material except for "recommended AA reading" unless friends brought in books, but all the materials my friends brought in were rejected ("We didn't think pictures of vampires were very appropriate," said one nurse, who had rejected the Buffy comic my friend Caitlin brought). Actually, inpatient was very much like jail (which I've also been in), only with less to read. That would be the "tough love" end of treatment that so many people seem to favor. For me it was neither loving nor particularly tough, just mildly oppressive in a standard way.



As for outpatient, I attended a program in Portland that was based on acupuncture - which you had to do daily. I thought it was amazing. However, you also had groups and a counselor. My counselor was a typical NA Elder, who felt strongly about another 12 step myth, that of the necessity of "hitting bottom." She felt that I had not yet suffered enough (I had only just relapsed) and suggested that I "go back out," i.e. go use until my life sucked enough that I wouldn't question any help offered me.

IT'S THE WORST THING I'VE EVER DONE, TO PUT THESE GIRLS IN DANGER BECAUSE OF MY FUCKED-UPNESS. I HATE MYSELF SO MUCH THAT IT'S NOT THE THOUGHT OF MY INEVITABLE DYING THAT SCARES ME BUT WHAT THE GIRLS WILL FIND THE NEXT MORNING THAT MAKES ME KNOW THAT I CAN'T GIVE UP. ALTHOUGH HONESTLY THAT'S WHAT I WANTED TO DO - TO JUST LET MY EYES CLOSE ON THE WORLD FOREVER...



ENOUGH QUESTIONS, IT'S TIME FOR ANSWERS



Here's the thing: there has never been and never will be a single set pattern that can free us all from any addiction. I had written pages of general advice - but then realized how little that shit really helped me. The thing is, all of us - plus all of our addictions - are so fucking different. There's no one way to figure it all out. The point is to look honestly at your life, assess of what's working and what's not, what things are doing for you as well as to you.

I just got my life together - now I have things I care about that I don't want to lose, as opposed to before when I didn't care about anything.
-angie

The thing is, the great majority of people who drink or use drugs DO NOT assault someone while under the influence. Blaming the problem solely on the alcohol or drugs takes away the accountability of the perpetrator and is as problematic as blaming the assault on the clothing the victim was wearing or on sexual urges (hello, sexual urges = internal chemicals affecting the brain). Assaults are an issue of power and control, and issues of power and control don't just appear with the involvement of alcohol and drugs and disappear when those are taken away.

The problem lies in our tendency to look at instances on their own, taken out of context. Instead, of blaming everything on alcohol or drugs, we need to look critically at personal behavior. Sure, signals can more easily be misread under the influence, but we need to be honest if the same people show signs of misreading signals even when sober. Dividing actions from the chemicals involved is important in at least two ways: it allows us to hold ourselves and others accountable, and takes morality out of an issue where it doesn't belong.



Ascribing all behavior to substance use means attacking an addiction without addressing underlying values, which is pretty pointless. For example, if a man used alcohol or drugs for years as an outlet for macho attitudes and behaviors, simply quitting won't address the basis of the addiction. He'll likely find other ways to express his macho aggressiveness, ways maybe similar to his drinking behavior, like browbeating people who disagreed with his opinions or starting fights. Substance use has been used to excuse domestic violence, manipulation, and general asshole behavior. But most of us know the connection between these types of behavior and the cultural values

that pit us against each other - cultural values that don't go away, even if the person no longer uses chemicals that give them the freedom to openly express these values of oppression and domination.

So until we resolve those issues, there is no need for judgment about how someone copes with their lives and socializes with their friends. Addiction or abuse that fucks with other people isn't about the addiction or abuse - like I mentioned earlier, if someone is hurting others they need to know it - quickly and in no uncertain terms. But issues based solely on chemical use simply do not need to be part of the conversation. **Plenty of people hurt others while sober and plenty manage to not hurt people while completely crunked.** Once a community stops accepting addiction or intoxication as an excuse for exploitation or abuse, the issue stops being about the morality of a person's chemical use and starts being about keeping everyone safe.



Treatment and The Twelve Steps



The problem of connecting substance use and morality - as well as divorcing it from issues of oppression and domination - comes courtesy from the "standard" for drug and alcohol treatment.

It may seem like there's a lot of options for treatment, but whatever program, whether inpatient, outpatient, or meetings, by choice or through the judicial system; 98% of it will be based on ONE TREATMENT THEORY. At times it seems literally synonymous with addiction: The Twelve Step Program.

Understanding of this program seems limited to those who have been personally affected by it, yet it is accepted as the standard without question, even by we who question everything. Radical communities are suspicious of any governmental program, of mental health industries that push labels and medication, of health care that interferes with personal autonomy and our bodies' ability to heal; but when an addiction problem occurs in our community, we refer the person to a program we know little about but is probably more against anarchist beliefs than any other program, for anything. **This is fucked up.**

I'M WORKING AT A HOUSE FOR GIRLS IN-BETWEEN FOSTER CARE, BUT I WARE QUEST AND UP FIRST AND ONLY SERIOUS RELAPSE. IT IS SO BAD THAT IN QUEST-TWO WEEKS I'M USING ALMOST-THE AMOUNT I DID AFTER YEARS OF USING BEFORE I FIRST GOT CLEAN. WHILE WE AUS THAT TAKES USGAT I KNOW THAT I CAN'T GO THROUGH THE WHOLE USGAT WITHOUT USING - I TRY THE USGAT BEFORE AND ALL TERRIBLY SICK AND SERRAING IN THAT. THE GOD CONSIDERS OF MOVETORING WHILE THE GIRLS SLEED AND THEN TAKING CARE OF THEM IN THE WORKING - SO SERRAING ALL USGAT AND PROQUESTS ROUTING ALL WORKING IS DEFINITELY OUT. SO I BEING A PRE-LOOKED DOSE IN A SYRINGE TO USE AFTER THE GIRLS GO TO SLEED. BUT IT'S TOO MUCH, I KNOW INSTANTLY AFTER SLAMMING, IT'S A STRUGGLE TO KEEP UP EYES OPEN.

I AND ONE KNOWSSED BEFORE AND RECOGNIZED THE SLEEDING. I THINK THE BEST WAY TO DESCRIBE IT IS LIKE A SCENE FROM A DATED WHEN WORDS, OF SOME DARK SLOOPY BAR WITH A BEAUTIFUL QAZZ SINGER WHOSE LAUGHED VOICE IS ULLING YOU TO PERMAUSEUT SLEED. LAST TIME THE WORDS ENDED WITH ME WAKING UP IN THE HOSPITAL BEING TOLD BY A CRAZY DOCTOR THAT I WAS DEAD FOR 3 HOURS. BUT I COULDN'T LET THAT HAPPEN - NOT HERE, NOT NOW. I CLAW AT MY FACE, SLAM UP HEAD AGAINST THE BATHROOM SINK, GET UP THROUGH UNTIL I TASTE BLOOD - AND STILL, I AM BLACKING OUT FOR A FEW SECONDS AT A TIME. IT TAKES UP REEV LAST OBSES OF STRUGGLING TO PICK UP THE HOUSE AND CALL FOR HELP.



Important questions to ask yourself:

Straight-edgers...

- 1) Are there events in your life that are affecting your view towards drugs and alcohol use that are really more about abuse in general? Can you separate abuse from chemical use?
- 2) Be honest with yourself - do you get secret joy from looking down on people that use chemicals? Do you feel superior because you don't use substances? Do you feel your righteous anger is justified against people, even if they're only hurting themselves?
- 3) Do you blame people that use substances for the circumstances in their life, even as you justify other people's choices based on power, ignorance, etc.?
- 4) Do you write people off or give up on them just because they have substance use issues?



For substance users:

- 1) Do you understand - truly - how annoying it can be to be around drunk or high people?
- 2) Are you honest with yourself about why you use or drink in each situation? Is it because you're bored? To get closer to people around you? To get laid? To forget or escape? Do you use alcohol or drugs as an excuse for how badly you treat people?
- 4) Do you take full responsibility for your actions?
- 5) Do you honestly do everything you can to keep yourself and everyone around you as safe as possible when substance use is occurring?

The Twelve Steps of Alcoholics Anonymous

- I. We admitted we were powerless over alcohol and that our lives had become unmanageable.
 2. We came to believe that a power greater than ourselves could restore us to sanity.
 3. We made a decision to turn our will and our lives over to the care of God, as we *understand Him*.
 4. We made a searching and fearless moral inventory of ourselves.
 5. We admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
 6. We were entirely ready to have God remove all these defects of character.
 7. We humbly asked Him to remove our shortcomings.
 8. We made a list of all persons whom we have harmed, and became willing to make amends to them all.
 9. We made direct amends to such people wherever possible, except when to do so would injure them or others.
 10. We continued to take personal inventory and when we were wrong promptly admitted it.
 11. We sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of his will for us and the power to carry that out.
 12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics and to practice these principles in all our affairs.
- "Alcoholics Anonymous" (in *Narcotics Anonymous*, Gamblers Anonymous, etc. the first word replaces alcohol in step I)

SO HOW DID IT HAPPEN? WELL, IN CHICAGO, MID-1970S,
 I WAS INVOLVED WITH THE GARAGE ROCK SCENE AND THE
 ACEDENTALLY ILL IN WITH SOME ART AND FILM MAKERS, MOSTLY
 THANKS TO MY ATTRACTIVENESS TO GOTTA GIRLS WITH PRECIOUS AND
 DARK UNDER-EYE CIRCLES AND BOYS WITH FORKED TATTOS, SLICED
 EYES AND GOTHIC TAILOR T-SHIRTS. AT PARTIES, HANGING OUT
 WITH BANDS THAT STAYED AT MY PLACE, I'D AT ART SHOWS AND
 FILM PREVIEWERS: THE INSTANTLY RARE CORED WITH LIVES OF
 ARTIST WHITE LOVE OF THE 2 KINDS OF ARTISTS WOULD APPREAR LIKE
 PARTY FAVORIS. BUT IT WAS EASY TO MISTAKE MY CASUAL USE
 UNTIL I GOT A BAND OF MY OWN. ONE DAY THE GUITAR PLAYER
 SUGGESTED WE USE BETTER PRACTICE AND OUR TERRIBLE BAND
 SUBDUEDLY SOLIDIFIED UNUSUALLY BETTER. AND THEN WE STARTED
 PRACTISING EVERY DAY.

GETTING ADDICTED WITH THE OTHER PEOPLE MY BANDMATES
 AND OUR RESPECTIVE GIRLFRIENDS SADLY NORMALIZED THE
 EXCESSIVES AND MADE IT DIFFICULT TO REALIZE IT WAS AS
 PROBLEMATIC AS IT WAS UNTIL IT WAS TOO LATE. VIRTUALLY EACH
 OF THE COUPLES WENT OUTSIDE OUR WAY-TO TRY TO CLEAN UP THE
 MESS WE HAD MADE AS A RESULT OF TOO MANY AMAZINGLY FUN AND
 DANGEROUS NIGHTS. BUT BEING INVOLVED IN A COUPLE WHILE BOTH
 ARE ADDICTED WAS ITS OWN PROBLEMS. WHILE IT WAS HARD ENOUGH
 GOING THROUGH THE PAIN OF WITHDRAWAL, IT WAS EVEN MORE
 DIFFICULT TO WATCH THE PERSON YOU LOVE GO THROUGH IT. THERE'S
 ONLY SO LONG YOU CAN WATCH YOUR GIRLFRIEND SCREAM IN PAIN
 UNTIL YOU RESOLVE TO DO WHAT EVER YOU CAN TO MAKE IT STOP. AND
 IT DIDN'T HELP THAT THERE WAS SOMETHING EASY TO GET THAT
 WOULD MAKE ALL THE PAIN GO AWAY INSTANTLY...

your brain. So straight-edgers who feel they are
 not influenced by anything seem to be "under the
 influence" of the same mistaken thinking of the 12-
 steppers I knew that demonized drugs including
 prescription medication, while downing cup after
 cup of coffee and smoking a million cigarettes.

I just can't stress enough how our actions can
 cause our brain to release the very same
 neurotransmitters that substances do. The first
 straight-edger I knew well was a guy named Eric.
 He loved spreading the "firestorm" by beating up
 helpless drunks on the street, eventually killing
 one. He would get a look in his eye when talking
 about how much drinking pissed him off that
 reminded me so much of someone on crack. Rage
 would distort his thinking and behavior as much if
 not more than any outside drug, and yet he felt, as
 a hardliner that didn't touch sugar, caffeine, or
 sex, that he was too "pure" to be affected by
 things. I called, and continue to call, **bullshit**.



I still think that straight-edgers and substance
 users can work together to overcome issues of
 addiction and abuse. But to do that, we need to
 learn more about ourselves and each other.

Not that all straight-edgers feel this way. My straight-edge best friend, who was the first person I talked to about that night, actually is straight-edge because he wanted to separate himself from the culture of chemical use he felt surrounded by in high school. He also knows that having a family history of alcoholism predisposes him to have a problem, and he wants to avoid it altogether. But he doesn't see other people's decisions to use chemicals as a moral issue, and acknowledges that people can be and are often addicted to things besides drugs and alcohol. And he says that he doesn't have a problem, that he can stop playing Hero Clix any time he wants to.

"X-up or shit your pants!"

-Jimmy (I want to point out that this is different than the oppressive 'x up or shut up.' While being coerced into not talking can be seen as an oppressive moralistic judgment, the warning that substance use can lead to the shitting of pants is a helpful one)

I do think the straight-edge scene/movement has been extremely beneficial, especially in response to scenes in which substance use seems unconscious and obligatory. But I get frustrated with parts of it. The sexism and homophobia still resonating from the original straight-edge scene would be an entirely different zine, so I'll just talk about the judgmental part that's unfair and unhelpful. Unhelpful because I know judgment only made things worse when I needed help, and unfair because of the brain stuff I was talking about earlier. I totally understand and respect people's decisions to not use outside chemicals. I think it's really healthy and similar - make that the same - as limiting the chemicals in the food you eat. However, even the most natural un-fucked with food in the world is still taken in by your body as a chemical, and every action you do affects the chemical makeup of

Many people have been helped by the 12 steps over the years. That said, it is a thinly veiled religious cult. AA is dependent on the Christian model of confession and humility. I suppose it shouldn't be surprising that courts can unconstitutionally order someone to attend a religious program, but what's frustrating is that no one bothers to find out about it until they become personally involved.

According to everyone involved, AA is a "spiritual" not "religious" program. Over and over it is insisted that this "higher power" doesn't have to be God, it could be anything. I was told by one fellow member that her higher power was her cats. Well, my cats are cute, but I'm not going to turn my life and will over to them (step 1), nor tell them a list of everything I've ever done wrong (step 5).



The 12 steps were created by Bill Wilson in the 1930s. It is important to remember that he based the steps and the resulting program on the experiences of a hundred white men and one woman (who incidentally eventually left the program, returned to drinking and died of suicide), all of middle or upper class.

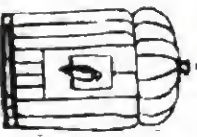
When Bill W. put together the 12 steps, he wasn't trying to stop smoking (he died of emphysema), he wasn't concerned with addictive sexual impulses, and he was not interested in examining his dependency on his wife, Lois. He was thinking about not drinking, mostly as it applied to people like himself. His goal was to stay sober in order to stay alive, and it worked for him and many others like him. It was an incredible breakthrough in finding a way to stop drinking. However, that doesn't mean that it always works for everyone or every form of addiction or dependency. It is not a stretch to think that it might be a program most helpful for white, middle to upper class men, who could actually benefit from the "repeated humiliations" that AA considers necessary for a person to overcome addiction.

I had a hundred and twenty employees under me. I was used to running everything. It was beyond my belief that I couldn't control something as simple as my drinking. I needed to be brought down to size...

(laughing)... I still do.

-Jack

AA might be helpful for those addicted to money and power, addictions that have done more damage than any substance ever could. Yet these twelve steps have been used -exactly as written - for not only addictions to narcotics, food, sex, medication, smoking, gambling, and spending as well as for recovery from incest, abuse, and dependent relationships. The very same steps are used as a primary way to heal "co-dependents" - partners and children of addicted people. How can the exact same process fit problems of such varying causes? Especially, how can any addiction be treated without keeping in mind the cultural framework that helped produce it - without exploring our societal issues of domination and oppression?



90 MEETINGS IN 90 DAYS

That's what you're supposed to do when you start the 12-step program. If the program start is court-ordered, you will probably have a white piece of paper, upon which you will have to get 90 signatures from the facilitator of your daily dose of meeting.



In those 90 days, depending on your geographical area, size of meeting, or treatment center, you may either be forced to speak or not allowed to speak at all. You may be told either that addiction comes from thinking you know everything, and therefore you should "sit down and shut up" for the 90 days, at which point you will know enough to be able to share in meetings. In a smaller group, though, you may be told that if you are committed to recovery you have to share your entire story, whether you would like to or not.



I have identified as straight-edge twice (although since I'm not now...). The second time was relatively recently, when I felt like I was on a slippery slope and insecure recovery-wise. I stopped after just a few months for two main reasons - I realized



The Edge and You



the original reason had been resolved and was no longer a real issue, and that I was now straight-edge not because it felt right for me but because it was easier, having lots of straight-edge friends whom it made very happy. I hated to think I was only doing it for them, but I couldn't see any other reason. And then I realized something even worse: I was enjoying being sober around people while they were drinking or whatever because of a sense of superiority. Eww. I still shudder to think of the moment I realized I somehow felt better than other people simply because I wasn't using while they were, and I immediately lost all motivation to "keep my edge."

I'M AT A MALL IN PORTLAND, OREGON. I SPEND A RIDICULOUSLY LARGE AMOUNT OF TIME IN THIS MALL BECAUSE I WORK HERE. NOT IN THE SENSE OF RUNNING THE JERREING DAGODA BUT MORE IN THE SENSE OF STEALING FROM EVERY STORE EXCEPT FOR THE TWO THAT I SELL THINGS BACK TO. MAKING AN EXPENSIVE HABIT MAKES YOU PRETTY BRAVE, BUT BEING DOPPE SICK MAKES YOU DESPERATE AND RIGHT NOW I CAN'T AFFORD TO FUCK UP - MY GIRLFRIEND IS EVEN SICKER THAN I AM, LIVING HIDDEN IN SOME BUSKES OUTSIDE AND I HAVE TO FIND SOMETHING TO TURN INTO MONEY AND THEN INTO HEROIN, KNOWN TO US AT THAT POINT AT THE ONLY MEDICINE THAT WILL MAKE US FEEL OKAY.



BUT I AM SO SICK, AND SO TIRED. I HAVEN'T EATEN ANYTHING IN ALMOST A WEEK AND DON'T HAVE ANY DRUGS THAT WOULD MAKE ME FORGET THAT FACT. SO BEFORE I ATTEMPT TO START WORK, I WAIT IN THE FOOD COURT FOR SOMEONE TO LEAVE FOOD AT THEIR TABLE SO THAT I CAN REVIVE. BUT TODAY EVERYONE IS EATING EVERYTHING ON THEIR PLATES. I WAIT FOR WHAT FEELS LIKE HOURS, WATCHING PEOPLE EAT, WHILE SHAME BURNS MY CHEEKS AND TEARS STING MY EYES.

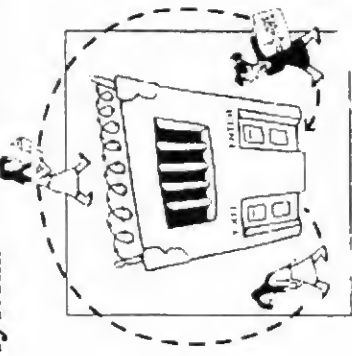


THE NEXT DAY MY GIRLFRIEND AND I GO ON METHADONE. AND I MAKE A PROMISE TO MYSELF - THAT'S THE LAST TIME I USE, EVER. BUT OF COURSE I HAD SAID THAT A LOT...

You will get a "chip," by which is meant a keychain, each 30 days. In the first 30 days, you get a special mention in the beginning of the meeting: after the printouts are read the facilitator asks for anyone "in the first 30 days of recovery" to raise their hands. That means not only the people who have just come to 12 steps, but also anyone who has relapsed. And by relapse, they mean anything from a sip of beer to a three year bender on crack. The supposed point is to keep people accountable by coercing members to let the entire group know if they have relapsed; what it mostly does is inspire gossip and shame.



I had been doing so good - no meth for almost a year - until I went to a bar with some friends, and had a beer. I dreaded having to go back to a meeting, of having to be acknowledged in front of everyone as someone who relapsed and is back in their first 30 days of recovery. I decided I might as well make it worth it, so I went back out, on meth this time. That's when I realized it was a pretty stupid system.



-Ben

Time is everything in the AA world; the person with the most clean time has the respect in a meeting. Again, clean time means no alcohol or drugs, while drinking the most coffee and smoking the most cigarettes (have you ever seen the butt cans outside AA meetings?). That also means that people are pressured to keep going to meetings for the rest of their lives, even 30 years after they have taken a drink or drug, they are supposed to be attending a meeting once a week. This can lead to a new addiction - to meetings and the 12-step lifestyle. My former sponsor actually quit NA recently, once she realized she did not have a single acquaintance or activity that did not have to do with the 12 steps for the past four years.

To accept the concept of utilizing a substitute addiction - reliance on a mystical power greater than oneself - put forth in the AA program is at worst to involve oneself in an oppressive cultist atmosphere. At best, it is to encourage dependence on something or someone other than oneself for sobriety, rendering sobriety conditional.

- James Christopher, "Secular Sobriety"

AA Meetings depend upon propaganda. Every meeting starts with the reading of the twelve steps, plus "The Twelve Traditions" and "How it Works." These statements are couched in "we" form. The point is to express that however different we as people are, as addicts we are all the same. Again, drawing on the experience of one hundred men and one woman, all white and middle to upper class, what works for "us" is kindly laid out.

When we developed still more, we discovered the best possible source of emotional stability to be God Himself. *We found that dependency upon this perfect justice, forgiveness, and love was healthy, and that it would work where nothing else would.*

- "The Twelve Steps and Twelve Traditions" (italics mine)



Addictive behaviors are not an all-or-nothing phenomena... they occur along a continuum of risk ranging from minimal to extreme. Obviously abstaining from alcohol is less risky than drinking, but occasional drinking is less risky than drinking heavily, smoking or snorting drugs is less risky than injecting them, and, finally, injecting drugs with clean needles is less risky than sharing dirty ones.

Harm reduction encompasses things like needle-exchange with the idea that you keep people alive until they can overcome their issues. I personally know that there is no chance I would be HIV and Hep C free today if it hadn't been for needle exchange programs (I don't know the statistics for HIV, but 90% of i.v. drug users have Hep C). As they protected me and others from contracting or spreading

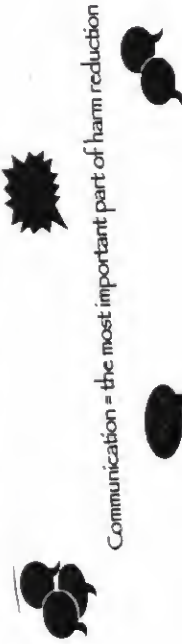
diseases, they gave me the impression - unlike treatment - that I was a person with rights who deserved to be safe, regardless of my addiction. I honestly don't think I'd be alive today if I hadn't have at least a few people to give me this impression, instead of the moral judgment I received from most of society that only made me want to use more.



Harm reduction could mean many things: wearing a seatbelt when in a car, brushing your teeth after eating something sugary, bringing first-aid supplies and a gas mask to a protest. The point is that we can acknowledge that not everything we do is completely safe and healthy; we can feel that we have the right to keep ourselves as safe as possible while having the freedom to make our own choices.



I still engage in behaviors that aren't perfectly healthy. I get drunk sometimes, play roller derby without a mouth guard or health insurance, "forget" to wear a seatbelt and occasionally eat way too many cookies. The thing is, we all take care of ourselves and each other the best we can. The better we are about open and honest communication, the more we talk about things we're concerned with in ourselves and each other, the more likely we are to help people out in hard times before they turn to even more harmful behaviors and stop patterns before they become ingrained problems.



Also, the better we get at communication the less we'll feel the need to rely on chemical methods of tearing down culturally placed walls and making us feel close with one another.



But to someone who has been oppressed, statements like these echo the "patriarchal veil" of the nurturer/violator - one who pretends to care while covertly exploiting you.

I hated all the "we"s in all the statements that were read in the beginning of meetings. I was the only woman of color in the group and it was never acknowledged. How could they be speaking for me?

-Asale



After the readings, the meeting opens by people saying, "I'm (whatever their name is) and I'm an alcoholic (or addict)". The idea is that it counteracts denial, but I hated to constantly see complex people being reduced to a label. We are all so much more than an addiction. Besides, labeling ourselves can have a profound effect on how we view and experience our addiction and lives.

The more I think about my group the sadder and angrier I get about the "therapy" it offers. It seems to suppress any kind of emotion and only offers propaganda and hollow lines. People no longer think of themselves as "Bob" or "Jane," but "Bob the gambler" and "Jane the woman who loves too much."

-Elissa



SLOGANS

Most people have heard of the most common 12-step sayings, like "One Day At a Time" and "Progress Not Perfection." But there are other common slogans that come in handy most when one is, say, questioning the entire program.



"Your Best Thinking Got You Here."

That's the most common response I got to the questions I had, no matter what meeting I went to. The assumption is that since you have been involved with a stupid habit you are not allowed to think again until you have been re-taught how to do so.

Slogans – as anyone who has read 1984 knows – act as shorthand thought control. They win arguments against AA (*Utilize, Don't Analyze*), trivialize people's experience with abuse and oppression (*Give Up Resentments*), and encourage acceptance instead of direct action (*Let Go and Let God!*).



AA has "recommended" reading, including "Alcoholics Anonymous" and "The Twelve Steps and Twelve Traditions," which sponsors usually encourage their "sponsees" to buy "because that shows commitment."

The AA book has the steps and description, plus a biography section – mostly stories of being white and middle class which can be broken down into three parts:

1. I had things and a life
2. I lost them due to alcohol
3. But once I adopted the program everything was okay again and I got my stuff back.

I saw a lot of classism in the meetings I attended. Because most of the people there experienced being "poor" only as a result of their addiction, it was constantly insinuated that all poor people needed to do was get clean. It was literally inconceivable to most of the people I talked to in meetings that a person could be homeless or destitute and NOT have a drug or alcohol problem.

It would certainly be nice if everyone engaged only in behaviors that were completely healthy. But in the real world, very few things meet this criteria. Which brings us to:

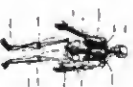


Harm Reduction

The harm reduction model is pretty much the alternative to the abstinence model put forth by the 12 steps. It maintains that any movement toward improved well being and reduced harm is positive in and of itself. For example, if heavy users can cut down on their alcohol or drug consumption to any degree, that is positive and should be praised as an accomplishment.



Although the term harm reduction is now used mostly in reference to needle exchange programs, it started in the mid-eighties as a response to abstinence-based sex education. It came from the recognition that although sex could be dangerous, coercing people to not engage in any sexual activity was both unrealistic and unhelpful. The answer: informing the public about the dangers so that people knew what they were doing, and making condoms available for everyone. This is considered harm reduction because condoms don't eliminate any chance of pregnancy or spreading sexually transmitted disease, but they cut the risks considerably.



WHAT WE NEED TO UNLEARN: MYTHS PERPETRATED BY 12 STEPS

1. The 12-step program is the only effective alcohol and drug treatment program.

Actually, at best only 2.4% to 4.8% of alcoholics who join AA remain in the group and are sober after one year, and the numbers are even worse for Narcotics Anonymous. The large majority of alcoholics and addicts get and stay sober through their own methods.

2. Once an addict, always an addict.

We need to see people as individuals who can change instead of "types" of people imprisoned by a rigid pattern of behavior. Humans, in our infinite variety, have a million ways of being addicted and getting clean. If you feel the addict label is true for you, and it feels permanent, then fine - but it should not be applied to everyone who's experienced addiction.

3. Abstinence is the only way

Turning the religious absolute of abstinence into a therapeutic and medical necessity is one of the worst things AA has done for the recovery movement. Absolute abstinence is what many people need - but for some it is impossible or even unnecessary. We need to start teasing apart the various issues involved with drugs and alcohol instead of assuming the "one fits all" perspective. People everywhere have found their own formulas for getting and staying safe. Controlled drinking programs are more successful than 12 steps (which isn't saying much) and some people have found controlled use helpful for addiction to even hard drugs.

I buy a gram [of cocaine] twice a year for special occasions, like my birthday or Christmas - but I pay attention to how I'm doing and don't use if I feel vulnerable.

-chris

12 steps groups are also rife with boundary crossings. Because there are large power differentials between the more experienced and the newcomer, between sponsors and sponsees, there is a lot of room for exploitation. I have heard stories of sponsors that hit on their sponsees or pressured them into scoring drugs for them(!), and the act of an experienced member helping a newcomer get into the program and then hitting on them is so common that there's an expression for it - it's called "13th stepping" someone. Finally, there's the bar-like atmosphere of some meetings, which seem little more than meat markets. I haven't personally had a problem, though; I'm positive that those guys that talked to me after meetings were only interested in my sobriety (cough, cough).



I felt like I didn't get much respect in meetings because I was younger than most people. He was 15 and had just gotten sober. One older man kept hitting on me, and I eventually told him that it made me uncomfortable, and that I thought he was being inappropriate. He responded by calling me a bitch! When I tried to talk to other members about him, including women, I was told over and over again that this guy had more "time" than anyone else there and that whatever personal issues he had didn't compare to what he did for the group as a leader.

-Chelsea

Because we live in a culture that tends to blame the victim, excuse perpetrators, and have a limited understanding of group dynamics, people who have negative experiences in groups tend to get blamed. Anyone who leaves AA for any reason – from feeling uncomfortable around other members to a fundamental disagreement with the program – is branded as being “in denial.”



Rarely have we seen a person fail who has thoroughly followed our path. Those who do not recover are people who cannot or will not completely give themselves to this simple program, usually men and women who are constitutionally incapable of being honest with themselves.

-Opening Statement of “How It Works,” read at the beginning of every meeting (*italics mine*)



Members are also coerced into staying involved with 12 steps by the looming threat of “jail, institution, and death.” According to AA mythology, these are the only options available to those who do not walk the AA path. Furthermore, this is seen as right and good – the program even works with cops occasionally to scare people straight.

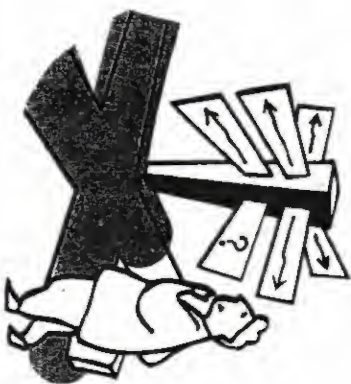
They kept telling me if I ever used again I would die. It was like this big terrifying threat hanging over my head. Then when I did use again, I thought, well, that’s it. I might as well keep going, so I drank and drank and drank. Then it occurred to me, I could stop again. I had stopped before and I didn’t have to die. I went to friends and asked for help and I’ve been sober ever since – without going to AA.

-Andrea

While I’ve heard of many people who were felt intimidated about leaving 12 steps, it has sometimes been literally life threatening.

Synanon, a program for heroin addicts in California developed by ex-AA member Chuck Dederich, was accepted as a guiding light in the addiction community. Its principles were held as ones to emulate by 12 step meetings across the country until Dederich, who had hired a squad to intimidate members that wanted to quit, pled guilty to a conspiracy to kill dissident former members.

Talk about tough love.



WE NEED NEW SOLUTIONS

It is a symptom of our addictive society’s dysfunction for us to want quick fixes and simple answers, a neat and tidy path uncluttered by differences. Thus, people cling to the twelve-step model, and are defensive when others suggest it has limitations or is not effective for everyone. The message I continually got and still occasionally receive: “If it has worked for so many people, don’t question it. And if it doesn’t work for you, then it is your resistance, your unwillingness to change, your problem.” Since when do we as a community accept any solution as a one size fits all?